

# **PUBLIC INFORMATION & COMMUNICATION SERVICES (PICS) NIH - TASK ORDER**

**RFTOP: #97**

**TITLE: *Partnerships for Reducing the Risk of SIDS in African American Communities***

## **PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS**

**A. Point of Contact Name:** Lynn Salo  
Phone: 301-435-6962  
FAX: 301-402-3676

Proposal Address:

NICHD, CMB  
Executive Bldg./Rm. 7A07  
6100 Executive Blvd., MSC 7510  
Bethesda, Maryland 20892-7510\*

Billing Address:

Accounts Payable, OFM, NIH  
Bldg. 31, Room B1B39  
Bethesda, Maryland 20892-2045

\*Overnight/Hand Carry  
**6100 Executive Blvd.  
Rockville, Maryland 20852**

**B. PROPOSED PERIOD OF PERFORMANCE:**

The period of performance for this Task Order is September 27, 2002 through March 31, 2004.

**C. PRICING METHOD:**

The National Institute of Child Health and Human Development (NICHD) anticipates awarding a Task Order entitled "Partnerships for Reducing the Risk of SIDS in African American Communities." under the National Institute of Health (NIH) Information and Communication Services Indefinite Delivery Indefinite Quantity Contract (IDIQ). NICHD anticipates that the resultant award of the Request for Task Order Proposal (RFTOP) will be cost-plus-fixed fee.

The level of effort may include, but is not limited to Project Director, Project Coordinator, and Support Staff.

The level of effort set forth below is to serve not as a measure of the Contractor's obligation, but as a further description of the required services. Please note this will not be part of the contract: (Hours based upon 2,080 hrs. per year for a period of 18 months.)

|                     | <u>% Effort</u> | <u>Hours</u> |
|---------------------|-----------------|--------------|
| Project Manager     | 10%             | 312          |
| Project Coordinator | 40%             | 1,348        |
| Support Staff       | 30%             | 936          |

Based on our estimates and for the purposes of this RFTOP, the following figures should be used in preparing your budget for the subcontracts. It is not necessary nor desired that these organizations be contacted during the preparation of your proposal. Final costs shall be negotiated by the successful Offeror.

## NIH Contractor Performance Report (continued)

|  |          |
|--|----------|
| Alpha Kappa Alpha Sorority (AKA)             | \$65,000 |
| National Coalition of 100 Black Women (NCBW) | \$65,000 |
| Women in the NAACP (WIN)                     | \$65,000 |
| SIDS Consultant/Liaison to Partners          | \$25,000 |

### D. PROPOSAL INSTRUCTIONS

The proposal shall be prepared and submitted in two Volumes: Volume I – Technical Proposal and Volume II – Business Proposal. Each of these volumes shall be separate and complete in itself so that evaluation of one may be accomplished independently of the evaluation of the other. The Government will evaluate proposals in accordance with the evaluation criteria set forth in Part G. below. It is essential that the Offeror address all evaluation criteria.

The RFTOP does not commit the Government to pay any costs for preparation and submission of a proposal. In addition, the Contracting Officer is the only individual who can legally commit the government to the expenditure of public funds in connection with this proposed acquisition.

The proposal shall be signed by an official authorized to bind the Offeror's organization to perform, if a task order is awarded in response to this RFTOP. The same authorized official shall also sign Part II of the Task Order document (sample attached). Please submit an electronic version of your proposal to Ms. Lynn Salo ([ls59u@nih.gov](mailto:ls59u@nih.gov)) in addition to eight (8) hard copies plus the original Technical Proposal and four (4) copies hard copies of your Business Proposal by 3:00 PM, September 3, 2002.

Lynn Salo, Contracting Officer  
NICHD, CMB  
Executive Building/Rm. 7A07  
6100 Executive Blvd., MSC  
Bethesda, Maryland 20892-7510\*

**\*Overnight/Hand Carry**  
**6100 Executive Blvd.**  
**Rockville, Maryland 20852**

Please submit an electronic version of your proposal to Ms. Lynn Salo ([ls59u@nih.gov](mailto:ls59u@nih.gov)) by **3:00 P.M., September 3, 2002.**

#### 1. Technical Proposal, **Volume I**

**NOTE #1:** In the interest of brevity and in order to conserve space, please read the **Background** information preceding the **Statement of Work** before continuing, so that the reader will understand the following instructions.

**NOTE #2:** The Offerors Proposals shall be prepared and submitted in two volumes: Volume I – Technical Proposal and Volume II – Business Proposal. Each of these volumes shall be separate and complete in itself so that evaluation of one may be accomplished independently of the evaluation of the other. The Government will evaluate proposals in accordance with the evaluation criteria set forth in Part G. below. It is essential that

## NIH Contractor Performance Report (continued)

Offerors address all evaluation criteria. **A limit of 25 pages (excluding resumes) has been placed upon the Technical Proposal.**

### Program Management

Describe the overall plan for organizing, managing, and methods of setting-up and executing the Summits. Describe in detail how you will establish a working relationship with the three organizations of the Partnerships (Alpha Kappa Alpha Sorority, Inc., National Coalition of 100 Black Women and Women in the NAACP). Provide a detailed account of how the Offeror proposes to deliver logistical support and assistance to the Partners in developing program design and coordination. Provide detail on how you will assist the three Partners in their effort to contact and train community organizations to inform and publicize the SIDS risk reduction messages.

The proposal must describe how the Offeror will assist the Partners in meeting the eight goals as listed in the Background information. Specifically, the Offeror must demonstrate his/her knowledge of community development principles that lead to successful interactions and interventions with minority populations.

### Personnel

Describe and specify types of personnel proposed to complete this project. This should include proposed duties, amount of effort, resumes, and other information pertinent to this project.

### Facilities

Describe facilities, equipment, services and supplies needed to conduct each Summit meeting.

## 2. Business Proposal, **Volume 2**

The Business Proposal shall provide a detailed explanation of the labor categories proposed, effort hours, and Other Direct Costs and justification for each item. Please include your most current negotiated Rate Agreement. Price will not be numerically scored. The Government will perform a cost analysis utilizing appropriate techniques and procedures.

### Past Performance

The contractor must demonstrate recent successful experience in managing similar contracts or related work of comparable technical complexity. The government is seeking to determine whether the contractor has consistently demonstrated a commitment to customer satisfaction and timely delivery of high quality products and services. The Offeror shall submit three Past Performance Evaluation/Letter of Reference of comparable project completed during the past three years and all contracts currently in progress that are similar in nature to this Statement of Work. In addition, the contractor shall include the name and telephone number of the technical point of contact. (A Past Performance Evaluation Form is attached and can be found at the conclusion of this RFTOP [4 pages]). **NOTE:** If you have already been evaluated and your evaluation is in the NIH Past Performance system, please provide all the necessary information so that we can access the evaluation.

## NIH Contractor Performance Report (continued)

### **E. RESPONSE DUE DATE:**

Please submit an electronic version of your proposal to Ms. Lynn Salo ([ls59u@nih.gov](mailto:ls59u@nih.gov)) in addition to eight (8) hard copies plus the original Technical Proposal and four (4) copies hard copies of your Business Proposal by 3:00 PM, September 3, 2002.

### **F. TASK DESCRIPTION:**

#### **BACKGROUND**

Since the NICHD-led *Back to Sleep* campaign was initiated in the early 1990s, the rate of Sudden Infant Death Syndrome (SIDS) has declined by approximately 50 percent. This decline has occurred in all segments of the population, although the decline has been less in African American communities. Today, African American infants are more than twice as likely to die from SIDS as white infants.

In September 1999 and April 2000, the NICHD in collaboration with the National SIDS Alliance and the National Black Child Development Institute, hosted a meeting of experts to identify, discuss, and plan strategies for reaching African American communities with the *Back to Sleep* messages. Participating were representatives from various organizations including the Alpha Kappa Alpha Sorority, the National Association for the Advancement of Colored People, the National Medical Association, the National Coalition of 100 Black Women, and the Congress of National Black Churches, Inc.

The group was presented with general information on SIDS, statistics illustrating the racial disparities in incidence and prevalence rates of SIDS, and descriptions and examples of existing programs and materials that have been implemented successfully. In addition, participants had the opportunity to interact with each other and to discuss the information presented. They proposed strategies aimed at eliminating the disparity in SIDS rates between the African American population and the total U.S. population.

The NICHD and other *Back to Sleep* campaign partners are collaborating with public and private organizations to reduce the risk of SIDS and ultimately eliminate the racial disparity in SIDS rates. This collaboration has taken the form of an African American outreach campaign, one component of which is the *Partnerships to Reduce the Risk of SIDS in African American Communities*. *Partnerships* is a project with the Alpha Kappa Alpha Sorority, Inc. (AKA), the National Coalition of 100 Black Women (NCBW), and the Women in the NAACP (WIN). The leaders of these three organizations have committed to hosting three summits featuring the NICHD SIDS risk reduction campaign information and materials. These three organizations will be referred to as the Partners throughout this statement of work.

The Contractor will provide logistical support, assist the partners with program design, program content, and coordination, and assist the partners and NICHD staff with evaluating the summits, which will be conducted in 2003 in three regions of the United States. The purpose of the summits will be to enlist the resources of community organizations, faith-based groups, public health officials, and service organizations in reducing the risk of SIDS and other causes of infant mortality in the African American population. These summits will help establish an infrastructure that will continue to provide information, material, and support for reducing SIDS among African American babies.

## NIH Contractor Performance Report (continued)

Leaders and members of the AKA, NCBW, and WIN will participate in all three regional summits. Each organization will take the lead responsibility to organize and host one of the three regional meetings and will continue to serve as the catalyst for activity in that region. At a Partners' planning forum held in June 2002, the Partners established the following goals for the summit meetings:

- Lay the foundation for change in policy at multiple levels (state, city, local, organizational)
- Build alliances within communities to assist in SIDS risk reduction activities
- Educate those with the power to make a change in policy or behavior
- Use research-based information as a basis to deliver information in a culturally appropriate manner
- Encourage a significant regional population to engage in SIDS risk reduction activities
- Accelerate the momentum of the African American outreach campaign
- Explore and model creative strategies for outreach activities
- Create collaborative models and resources that can remain within communities

The summits will be held in three regions of the U.S. which have both high rates of SIDS and large African American populations. NICHD and the Partners used a review of national data on SIDS rates and census data on the African American/Black population as the basis for a discussion of the locations of the three summits. The Partners have determined the following proposed summit locations:

- NCBW as Host: Alabama/Tennessee/Mississippi (most likely Tennessee)
- AKA as Host: Detroit, Michigan
- WIN as Host: Los Angeles, California

For proposal preparation purposes, Offerors should assume these proposed locations will be the sites for the summits.

### STATEMENT OF WORK

#### **Task I: Management, Communication and Summit Planning**

The Contractor shall assign a Project Manager (PM) with experience in community development and training who will be the central point of contact for the NICHD Project Officer (PO). The PM will be responsible for presenting all deliverables to the PO according to timelines. The PM will maintain an effective project management and communication structure and will assign culturally competent staff with appropriate community development and logistics training to coordinate the project. Within ten (10) days of award of the Task Order, the Contractor shall submit a master timeline for all deliverables and reports.

The Contractor shall execute and manage sub-contracts to summit Partner organizations and key consultants for implementation of summit and post-summit activities. Because the structure and size of the Partner organizations varies, the Contractor shall arrange for funding of the Partners such that they will not incur costs for summit-related activities prior to having funding available.

*As part of your Technical Proposal, Offerors should specifically address their capabilities to develop and execute sub-contracts with the Partners and key consultants such that the Partner organizations will not incur costs for summit-related activities prior to having sub-contract funding available.*

NOTE: With the approval of the Project Officer, the Contractor will select a Consultant to serve as a liaison to the Partners and a resource on SIDS training activities. This SIDS Trainer/Partner Liaison must have experience with the using the NICHD SIDS risk reduction materials (particularly those developed for the African American outreach effort), experience in SIDS training within the African American community, and established links with the three Partner organizations.

## NIH Contractor Performance Report (continued)

The Contractor will coordinate regular planning and debriefing teleconference meetings with appropriate NICHD staff and the Partners to facilitate and assist with the following:

- Within 15 days of contract award, arrange a call to introduce the Contractor to the Partners
- a monthly update of summit activities from all Partners
- confirmation of summit locations and dates
- pre-summit phone meetings with Partners to review roles and responsibilities
- draft invitation letter for NICHD and Partner review; to be co-signed by NICHD and Partners
- finalize participant lists and travel arrangements for Partners, participants, and consultants/presenters
- coordinate with and incorporate efforts of NICHD-hired evaluation design team
- design summit meeting evaluation/feedback form

*The Partners conducting these summits are volunteer leaders who generally travel frequently and have complex schedules. As part of your Technical Proposal, Offerors should specifically address the creative approaches they will take to establishing and maintaining regular communications with the Partners.*

**Deliverable for Task I:** A report containing documentation of planning meetings (conference calls) among Partners, finalized list of presenters, confirmed meeting locations, list of invited participants, summit evaluation form, and draft invitation letter

### **Task II: Logistics**

The summits are expected to be one-day meetings of approximately 100 participants, most of whom will be traveling from within the state at a given summit location. Some air travel will be necessary for Partners to attend each of the three summits. Chartered busses and other means of travel within the region will be necessary for summit participants. Planning for each summit meeting should include breakfast and lunch for all participants as well as per diem and hotel accommodations for those traveling from outside the region.

Based upon the planning calls with Partners where roles and responsibilities will be defined, the Contractor will assume on-site conference management and coordination responsibilities at each of the three summit meetings that include, but are not limited to:

- execute related contracts for meeting site, meals, audio-visuals and other materials
- arrange all travel for summit Partners, participants, and consultants/presenters
- set-up for summit meetings: meet with catering, media/audiovisual staff, post signage, etc.
- prepare, deliver, and disseminate all summit meeting materials

NOTE: In the preparation of your proposal, Offerors should assume that the proposed locations (Tennessee, Detroit, Michigan, and Los Angeles, California) will be the sites for the summits, although the final locations are subject to change based upon Partner's finalization of planning.

**Deliverable for Task II:** Within 30 days of completion of each summit, a report for each summit meeting with final participant lists/attendance, final summit agenda, synopsis of summit.

### **Task III: Conduct Summit Evaluation & Debriefing**

The Contractor will conduct on-site summit evaluation for each of the three summit meetings and will facilitate post-summit debriefing activities including:

- dissemination and collection of evaluation forms to summit participants,

## NIH Contractor Performance Report (continued)

- preliminary review of the evaluation/feedback forms designed to capture information such as:
  - how well the summits meet described goals and objectives;
  - the types of organizations participating;
  - the effectiveness of the presenters in conveying their respective areas of content;
  - the degree to which the participants understood training materials in the Resource kits;
  - overall meeting/conference facility;
  - ideas for improving future summits.
- conduct debriefing meeting or teleconference with Partners after each summit meeting

**Deliverables for Task III:** Within 45 days of completion of each summit, a report with a summary of evaluation responses for each summit using the tool developed for Task I, a synthesis of those results, and a record of each debriefing meeting and feedback of summit Partners.

### **Task IV: Provide Post-Summit Support to Partners**

Each Partner organization will take the lead responsibility to organize and host one of the three regional meetings and will continue to serve as the catalyst for activity in that region. The Contractor will collaborate with the Partners to plan SIDS risk reduction outreach strategies within African American communities and develop a plan for how the Partners will capitalize on the momentum and excitement generated by the summits. The Contractor will provide support and assistance to the Partners to supplement and enhance their skills in community development. The Contractor will:

- continue to conduct monthly meetings/conference calls after the summits as a forum to discuss and provide support for the outreach activities of each Partner organization
- consult with NICHD IT staff to provide recommendations, guidance, and content development for enhancing the NICHD African American outreach website with material about the summit model and the summit activities

**Deliverables for Task IV:** Report detailing the Partners' plans for sustaining the SIDS risk reduction activities in the region where each hosted a summit; and a report with recommendations and specific, Contractor-developed content to be added to the NICHD web page regarding the summit activities and model

### **Task V: Develop a Summit "Best Practices" Document**

The Contractor will collect and document all of the data and the lessons learned from the three summit meetings. The Contractor will develop a "best practices" document that will provide guidance to community and other groups who may wish to replicate the summit model. The purpose of this document is to provide a roadmap or guide for other communities that want to conduct local SIDS reduction campaigns.

This product will be facilitated and produced by the Contractor for NICHD. The final product will be printed by NICHD, will be available to the public, and will be disseminated via the NICHD Information Resource Center, Partner organizations, and other regularly used routes of dissemination. The document will include:

- background on NICHD's African American outreach effort and specifically the *Partnerships* project
- successful community collaborations;
- discussion of community strengths and assets;
- successful outreach and education strategies;
- lessons learned from the NICHD and Partners' summits

## NIH Contractor Performance Report (continued)

- discussion of the summit as a model for message dissemination
- a guide to replicating the summit model

***Deliverable for Task V:*** Final designed draft of “Best Practices” document that is approved through NICHD review and clearance.

### G. REPORTING REQUIREMENTS

In addition to those specifically indicated in the “Statement of Work,” the Contractor shall be responsible for the following reporting requirements in accordance with the delivery schedule:

#### Monthly Meeting

The Contractor will meet with the NICHD Project Officer and NICHD staff at least once/month to provide a review and update on progress of the project.

#### Monthly Report

On the 15th working day of each month, the Contractor shall submit to the CO and PO, a narrative progress report and a financial report. The narrative report will contain:

- an overview that highlights the most significant activities and describes problems or difficulties that arose during the preceding calendar month, as well as proposed solutions and/or steps taken to solve problems
- a description, by task, of the Contractor’s activities, current status of each ongoing task, proposed activities for the upcoming period, anticipated deadlines, and any problems anticipated during the upcoming period

In addition, the Contractor may be required to give timely and accurate reports on the status of any task at any point in a given month.

#### Final Report

At the conclusion of this Task Order, the Contractor shall submit a final report that summarizes the highlights and accomplishments throughout the Task Order period. The final report shall also detail any problems encountered and the successful resolution of those problems as well as recommendations and conclusions for the future of the project based on the experience and results obtained during this Task Order. The final report will be delivered 30 days before the expiration date of the Task Order agreement.

### H. EVALUATION FACTORS

#### **Understanding of the Technical Requirements (45%)**

Demonstrates knowledge and understanding of community development principals and the skills necessary for successful outreach to minority populations.

Demonstrates the ability to provide the support required within the time periods specified.



## NIH Contractor Performance Report (continued)

Describes, task by task, how the project activities will be managed effectively and efficiently.

Demonstrates creativity and innovation in the technical approach to address the task requirements, including approaches to establishing and maintaining communication with Partner organizations

Demonstrates an experienced approach that relies on sound community development skills.

### **Competence and Availability of Personnel (40%)**

Demonstrates that the proposed Project Manager has at least three (3) years of experience managing and participating in programmatic activities for similar efforts equal to the size and scope of this project.

Demonstrates the ability to offer staff continuity and, as required, staffing adjustments, to meet the needs of this project.

Demonstrates the availability of individuals, who have backgrounds and at least three (3) years of experience in programmatic activities similar to this project.

Demonstrates experience, educational background and training, and availability for all proposed staff as well as their designated responsibility on the project. This includes the experience, managerial competence, and time commitment of the proposed project manager and the experience, technical competence, and time commitment of other professional staff in implementing and supporting community-based outreach activities, developing community partnerships, and conducting outreach activities in minority populations.

### **Past Performance (15%)**

Demonstrates recent successful experience in managing similar contracts or related work of comparable topic area and technical complexity.

The government is seeking to determine whether the Offeror has consistently demonstrated a commitment to customer satisfaction and timely delivery of high quality products and services. To that end, the Offeror must submit three letters of reference that detail the Offeror's performance in **similar contract/tasks** with either State or Federal Government agencies, non-profit, or educational institutions. *(If the failure to acquire these letters by the due date of September 3, 2002 will cause the Offeror to miss the deadline, the Offeror shall provide all necessary information to enable NICHD to contact your references. Please document the efforts that you made to obtain these references in a timely manner.)*

The references provided by the Offeror should address the Offeror's (1) record of conforming to specifications and standards of good workmanship; (2) adherence to contract schedules, including administrative aspects of performance; (3) reputation for reasonable and cooperative behavior and commitment to customer satisfaction; and (4) record of controlling and forecasting costs.

NIH Contractor Performance Report (continued)

**PART II - CONTRACTOR'S REPLY:**

**TO # NICS-97 TITLE:** *Partnerships for Reducing the Risk of SIDS in African American Communities*

**CONTRACT #263-01-D-0\_\_\_\_\_**

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method CPFF

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR:

Signature

Date

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**SOURCE SELECTION:**

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # \_\_\_\_\_

Appropriations Data: \_\_\_\_\_

(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED:

FAX #

Signature - Project Officer

Date

APPROVED: \_\_\_\_\_

FAX #

Signature - Contracting Officer

Date

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**NIH APPROVAL -**

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & PICS COORDINATOR

APPROVED: \_\_\_\_\_

Signature –Anthony M. Revenis, J.D., NIH-PICS Coordinator

Date

## NIH Contractor Performance Report (continued)

### NIH Contractor Performance Report

The attached form is required for use in evaluating contractor performance on an interim basis and upon contract completion.

This form is available in WordPerfect 6.1, WordPerfect 5.1 and Microsoft Word 6.0. Using these software packages provide unlimited space for the comment fields in the hard copy of the Report.

Once the contract number (base number without modification, i.e. N01 XX 12345) is entered, data will be pulled from IMPAC (IMPAC II) and inserted automatically. The fields that will be carried over from IMPAC are: Contractor's Name, Address, City, State, Zip Code, Contract Award Date (IMPAC item 41, Initial Start Date), Contract Expiration Date (IMPAC item 90 [item 21 if incrementally funded]), Contract Value (IMPAC item 24 [item 347 if incrementally funded]), Description of Requirement (IMPAC item 19 Project Title). For Research and Development contracts, the Contractor's name and address will be pulled from the IPF File. This file maintains the current legal name and business information for each contractor. If this information is available in the IPF file for a Station Support contractor, it will be used.

The current Program Manager/Principal Investigator in IMPAC (Item 9) will also be carried over. However, you will be able to overwrite this particular field.

The database is being designed to automatically carry these ratings forward to the SUMMARY RATINGS at the end of the form.

# National Institutes of Health

## CONTRACTOR PERFORMANCE REPORT

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FINAL REPORT

INTERIM REPORT

(Check one)

REPORTING PERIOD: (from)

(to)

CONTRACTING OFFICE (ICD, Location):

CONTRACT NUMBER:

CONTRACTOR NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTRACT AWARD DATE:

CONTRACT EXPIRATION DATE:

CONTRACT VALUE: \$

DESCRIPTION OF REQUIREMENT (Title):

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### RATINGS

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Summarize contractor performance and *circle* the number which corresponds to the rating for each rating category. (See attached Rating Guidelines)

QUALITY OF PRODUCT OR SERVICE

Rating: 0 1 2 3 4 5

Comments:

COST CONTROL

Rating: 0 1 2 3 4 5

Comments:

TIMELINESS OF PERFORMANCE

Rating: 0 1 2 3 4 5

Comments:

BUSINESS RELATIONS

Rating: 0 1 2 3 4 5

Comments:

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### SUBCONTRACTS

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Are subcontracts involved? Yes No (Circle one)

Comments (Please comment on those subcontractors that have provided a significant contribution to overall contract performance.)

NIH Contractor Performance Report (continued)

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**KEY PERSONNEL**

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**PROJECT MANAGER/PRINCIPAL INVESTIGATOR** *(name):*

**Comments:**

**KEY PERSON** *(name):*

**Comments:**

**KEY PERSON** *(name):*

**Comments:**

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**CUSTOMER SATISFACTION**

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**Is/was the contractor committed to customer satisfaction?** Yes No *(Circle one)*

**If this is the Final Report:**

**Would you recommend selection of this firm again?** Yes No *(Circle one)*

**Comments:**

**NIH PROJECT OFFICER** *(name):*

**SIGNATURE:**

**Phone:**

**FAX:**

**Internet Address:**

**Date:** \_\_\_\_\_

**CONTRACTING OFFICER CONCURRENCE:***(Initial)*

**Date:** \_\_\_\_\_

## NIH Contractor Performance Report (continued)

### CONTRACTOR'S REVIEW:

Were comments, rebuttal, or additional information provided? Yes No (Circle one)

(If yes: They are:

On file in: \_\_\_\_\_

(Location)

(Phone))

Attached

(Check if attached)

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CONTRACTOR'S REPRESENTATIVE (name):  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Internet Address: \_\_\_\_\_

Date: \_\_\_\_\_

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### AGENCY REVIEW:

Were contractor comments reviewed at a level above the contracting officer? Yes No

(Circle one)

(If yes: They are: \_\_\_\_\_

On file in: \_\_\_\_\_

(Location)

(Phone))

Attached

(Check if attached)

---

### SUMMARY RATINGS:

QUALITY: \_\_\_\_\_

COST CONTROL: \_\_\_\_\_

TIMELINESS OF PERFORMANCE: \_\_\_\_\_

BUSINESS RELATIONS: \_\_\_\_\_

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CONTRACTING OFFICER (name):  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Internet Address: \_\_\_\_\_

Date: \_\_\_\_\_

## NIH Contractor Performance Report (continued)

### RATING GUIDELINES

Summarize contractor performance in each of the rating areas. Assign each area a rating of 0 (Unsatisfactory), 1 (Poor), 2 (Fair), 3 (Good), 4 (Excellent), or 5 (Outstanding). Use the following instructions as guidance in making these evaluations.

| Criteria:                 | Quality of Product or Service  | Cost Control  | Timeliness of Performance  |
|---------------------------|--|---|--|
|                           | <ul style="list-style-type: none"> <li>- Compliance with contract requirements</li> <li>- Accuracy of reports</li> <li>- Effectiveness of personnel</li> <li>- Technical excellence</li> </ul> | <ul style="list-style-type: none"> <li>- Record of forecasting and controlling target costs</li> <li>- Current, accurate and complete billings</li> <li>- Relationship of negotiated costs to actuals</li> <li>- Cost efficiencies</li> </ul> | <ul style="list-style-type: none"> <li>- Met interim milestones</li> <li>- Reliability</li> <li>- Responsive to technical direction</li> <li>- Completed on time including wrap-up and contract administration</li> <li>- Met delivery schedule</li> <li>- No liquidated damages assessed</li> </ul> |
| <b>0 - Unsatisfactory</b> | Contractor is not in compliance and is jeopardizing the achievement of contract objectives.  | Contractor is unable to manage costs effectively.   | Contractor delays are jeopardizing performance of contract objectives.   |
| <b>1 - Poor</b>           | Major problems have been encountered.  | Contractor is having major difficulty in managing costs effectively.  | Contractor is having major difficulty meeting milestones and delivery schedule.  |
| <b>2 - Fair</b>           | Some problems have been encountered.   | Contractor is having some problems in managing costs effectively.   | Contractor is having some problems meeting milestones and delivery schedule.   |
| <b>3 - Good</b>           | Minor inefficiencies/errors have been identified.  | Contractor is usually effective in managing costs.  | Contractor is usually effective in meeting milestones and delivery schedules.  |
| <b>4 - Excellent</b>      | Contractor is in compliance with contract requirements and/or delivers quality products/services.  | Contractor is effective in managing costs and submits current, accurate, and complete billings.   | Contractor is effective in meeting milestones and delivery schedules.  |

**5 - Outstanding** The contractor has demonstrated an outstanding performance level in any of the above four categories that justifies adding a point to the score. It is expected that this rating will be used in those rare circumstances when contractor performance clearly exceeds the performance levels described as Excellent.